DECLARATI	ON AND	Attorney Docket Number	21349Y							
POWER OF AT FOR UTILITY O		First Named Inventor	Anderson, Annaliesa, S. et al.							
PATENT APPL		COMPLETE IF KNOWN								
(37 CFR 1.		Application Number								
Declaration Submitted	Declaration Submitted after Initial	Filing Date								
with Initial OR Filing	Filing (surcharge (37 CFR 1.16 (e)) required)	Group Art Unit								
	required)	Examiner Name								
		· <u> </u>								
As a below named inventor	•									
	•	as stated below next to my nan								
I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:										
POLYPEPTIDES FOR INDUCING A PROTECTIVE IMMUNE RESPONSE AGAINST STAPHYLOCOCCUS AUREUS										
the specification of which		(Title of the Invention)								
bears the Attorney Docket Number and Title of the Invention noted above										
OR is attached hereto										
OR	07/02/02									
was filed on (MM/DD/YYYY) 07/22/2004 as United States Application Number or PCT International										
Application Number PCT/US2004/023522 and was amended on (MM/DD/YYYY) (if applicable). I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as										
amended by any amendment specifically referred to above.										
I acknowledge the duty to disclose to the Patent and Trademark Office all information known to me to be material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.										
			of any foreign application(s) for pa							
America, listed below and ha	ve also identified belov	w, by checking the box, any for	ast one country other than the Unite eign application for patent or inven- cation on which priority is claimed.	ed States of for's certificate(s),						
Prior Foreign Application		Foreign Filing Dat	e	Priority Claimed?						
Number(s)	Country	(MM/DD/YYYY)	Attorney Docket Number	YES NO						
Additional foreign applica	ation numbers are listed or	a supplemental priority data sheet	PTO/SB/02B attached hereto.							
I hereby claim the benefit under	35 U.S.C. 119(e) of any U	United States provisional application	n(s) listed below.							
Application Nun		Filing Date (MM/DD/YYYY)	Attorney Docket Number							
60/489,840	07	7/24/2003	21349PV							

DECLARATION AND POWER OF ATTORNEY for Utility or Design Patent Application

I hereby cla designating is not disclo 35 U.S.C. 1 37 CFR 1.50 date of this	the Unite sed in the 12, I ack of which application	ed States of e prior Unite nowledge the became ava	America, li ed States or le duty to d ilable betw	isted be r PCT i isclose reen the	low and, nternation informati	insofa nal ap ion kn	or as the plication own to	subject in the me to be	matter manner e materi	of each o provided ial to pate	f the oby the ntabil	claims e first ity as	of this paragr define	applicatio aph of d in	on		
		t Application Application Nu		nt			Parent Filing Date (MM/DD/YYYY)				Parent Patent Number (if applicable)						
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Additional U.S. or PCT international application numbers are li					listed	on a supp	olementa	l priority	data sheet	PTO/S	SB/02E	3 attach	ed hereto.				
As a named in following reg															on, the		
connected the		<u> </u>	Practitioners OR					_		0210							
			Registered p				w										
	Nam	e			gistration Number				Na	me				Registration Number			
Direct all co	rrespond	ence to: X	Custome	er Num	ber 0	002	10	1 333									
Name Sheldon O. Heber										<u>-</u>							
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City	Rahway	Rahway				State NJ Z			ZIP	ZIP 07065			5-0907				
Country	USA	JSA Telephone			e (73	732)594-1958 Fax					(732)594-4720						
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.																	
Name of Sole or First Inventor:					A petition has been filed for this unsigned inventor												
Given Name (first and middle [if any])					Family Name or Surname												
Annaliesa S.	/	1		Δ			Ander	son									
Inventor's Signature	1/1	Mmasan Incluse				n				Date	18	11200)S ⁻				
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City	West Point						State	PA	ZIP	19486		Co	untry	U.S.A.			
Additiona	l inventor	s are being n	amed on the	s	upplement	al Add	itional Ir	ventors(s) sheet(s) PTO/SB	3/02A a	attached	d hereto).			

DECLARATION AND POWER OF ATTORNEY

ADDITIONAL INVENTOR(S) Supplemental Sheet

Name of Additional Joint Inventor, if any:						A petition has been filed for this unsigned inventor										
Given Name (first and middle [if any])					Family Name or Surname											
Nelly						Kuklin										
Inventor's Signature Nelly Ke ulir						Date					/	8-10	30	R	2005	_
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City	West Point			State		PA ZIP		19486		Country			U.S.A.			
Name of Additional Joint Inventor, if any:						A petition has been filed for this unsigned inventor										
Give	n Na	me (first and middle [if	any])			Family Name or Surname										
Kathrin Ute					<u> </u>	Jansen										
Inventor's Signature						Date					01 April 2005					
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Name of Additional Joint Inventor, if any:				A petition has been filed for this unsigned inventor												
Given Name (first and middle [if			[any]) Family Name or Surname													
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Inventor's Signature						Date										
Residence: City						Cour	Country			Citizenship						
Mailing Address							18.10			· · · · · ·						
City					St	ate		ZI	ZIP		Country		ry			
Name of Additional Joint Inventor, if any:				A petition has been filed for this unsigned inventor												
Given Name (first and middle [if any])				Family Name or Surname												
Inventor's Signature					_					Date						
Residence: City			State			Country			Citizenshi							
Mailing Address																
City					St	ate			ZIP			Cou	Country			